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DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

ANTIBODY SPECIFICALLY BINDING HUMAN PINCH PROTEIN HOMOLOG

the specification of which:	
// is attached hereto.	
/ X / was filed on March 4, 2002 as application Serial No.10/092,066 and if this l	oox contains an
X //, was amended on	
// was filed as Patent Cooperation Treaty international application No	on
,2002, if this box contains an X /_/, was amended on under Patent Cooperati	on Treaty Article
19 on 2002, and if this box contains an X /_/, was amended on	·
I hereby state that I have reviewed and understand the contents of the above-ic	dentified
specification, including the claims, as amended by any amendment referred to above.	
I acknowledge my duty to disclose information which is material to the exami	nation of this

I hereby claim the benefit under Title 35, United States Code, §119 or §365(a)-(b) of any foreign application(s) for patent or inventor's certificate indicated below and of any Patent Cooperation Treaty international applications(s) designating at least one country other than the United States indicated below and have also identified below any foreign application(s) for patent or inventor's certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application for said subject matter the priority of which is claimed:

application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

Country	Number	Filing Date	Priority Claimed
			/_/ Yes /_/ No
			// Yes // No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Application		Status (Pending,
Serial No.	Filed	Abandoned, Patented)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of Title 35, United States Code §112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulations, §1.56(a) which occurred between the filing date(s) of the prior application(s) and the national or Patent Cooperation Treaty international filing date of this application:

Application		Status (Pending,
Serial No.	Filed	Abandoned, Patented)
09/582,959	3/20/00	Pending
09/008,465	1/16/98	Issued

I hereby appoint the following:

Lucy J. Billings	Reg. No. 36,749
Jenny Buchbinder	Reg. No. 48,588
Michael C. Cerrone	Reg. No. 39,132
Diana Hamlet-Cox	Reg. No. 33,302
Joel Harris	Reg. No. 44,743
Richard C. Ekstrom	Reg. No. 37,027
Barrie D. Greene	Reg. No. 46,740
Lynn E. Murry	Reg. No. 42,918
Shirley A. Recipon	Reg. No. 47,016
Cathleen M. Rocco	Reg. No. 46,172
Susan K. Sather	Reg. No. 44,316
Michelle M. Stempien	Reg. No. 41,327
David G. Streeter	Reg. No. 43,168
Sreenivasarao Vepachedu	Reg. No. 46,395

respectively and individually, as my patent attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please address all communications to:

LEGAL DEPARTMENT INCYTE GENOMICS, INC. 3160 PORTER DRIVE, PALO ALTO, CA 94304

TEL: 650-855-0555 FAX: 650-849-8886 or 650-845-4166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

First Joint Inventor:	Full name:	PREETI G. LAL	
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	Signature:		
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	Residence:	Menlo Park, California	
	P.O. Address:	1048 Oakland Avenue	
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Third Joint Inventor:

Full name:

NEIL C. CORLEY

Signature:

JUNE 4

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JUN 1 1 2002 GEN

Docket No.: PF-0460-2 CIP

DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

OPY OF PAPERS ORIGINALLY FILED

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// was filed as Patent Cooperation Treaty international application No on,2002, if this box contains an X /_/, was amended on under Patent Cooperation Treaty Article 19 on 2002, and if this box contains an X /_/, was amended on
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119 or §365(a)-(b) of any foreign application(s) for patent or inventor's certificate indicated below and of any Patent Cooperation Treaty international applications(s) designating at least one country other than the United States indicated below and have also identified below any foreign application(s) for patent or inventor's certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application for said subject matter the priority of which is claimed:

Country	Number	Filing Date	Priority Claimed
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Second Joint Inventor:	Full name:	KARL J. GUEGLER	
	Signature:	11 Joseph	
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	Residence:	Menlo Park, California	
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